

question of lucid intervals is one which is often brought up in will cases, it being claimed that although the individual was insane, yet he had a lucid interval. A man in this city had an attack of apoplexy in the morning. He was seen every three or four hours by different medical men during the twenty-four hours before he died. It was claimed that during this time he had made a will. As far as the medical witnesses had seen, he had been comatose much of this time. It was said that he roused up and made a will, but the will was not signed. It was said that he did not sign the will because of the paralyzed condition of the hand. This, however, is an extreme case. In many cases, as in circular insanity, where you have melancholia, then a lucid or sub-lucid interval, and then mania, etc., a will made between the attacks would probably hold in law. This old question of lucid intervals is an interesting one for discussion, and it is one on which contests are often based or resisted.

"Senile dementia is another condition on which a contest of a will is often based. Some most interesting cases are of this kind. One recent case is that of a man in West Virginia, in which a number of those connected with the University have given testimony. This man conveyed his property to certain of his relatives before his death, and thus deprived some of his children of their inheritance. It is shown by a hypothetical question, which has been answered by physicians, that he was not in a state of mind to decide justly, because of senile dementia. Senile dementia is something more than the normal deterioration of the aged. It is a peculiar disease with special symptoms."

CARLOS F. MACDONALD.

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**Asylum Care of the Insane.** DR. B. D. EASTMAN, Superintendent of the State Insane Asylum at Topeka, Kansas, in his biennial report for the period ending June 30th, 1886, under the head of "General Management," says :

"It is a self-evident proposition that our eleemosynary institutions are the property of the people, are supported by the people, and are for the benefit of the people.

"It is our bounden duty to administer the trusts imposed upon us faithfully, honestly, and fearlessly, and no one feels more keenly its magnitude than he who has the responsibility. There must necessarily be one captain to a ship, one general to an army, and one head to an institution of this kind. The work is peculiar, and calls for knowledge and experience in widely differing directions. In the direct medical care of patients, there is need of medical skill and experience, while their control and management calls for quick insight as to character and psychological conditions. In the selection, training, directing, and disciplining of employes, there is need alike for intuitive feeling and judicial decision. In the planning and erecting of buildings, there is call



for mechanical and sanitary knowledge. In general administration, there must be vigilance and economy. In dealing with the public, there should be courtesy and sympathy, as well as firmness and decision. It is not to be assumed that any one can conduct the multifarious offices of such an institution and never make any mistakes. He who could do this would be more than human. But it may be conscientiously claimed that most earnest effort is made to accomplish the best results, and the officers and employés who have aided to this end are well deserving their meed of praise.

"To all who are interested in the welfare of this institution as citizens, as friends of patients, or as public officials, we say, 'Come and see us—see for yourselves what the State has done and what we are doing.' There is a great deal of unfounded suspicion and distrust of institutions for the insane, which will dissipate when knowledge is gained of their real workings. Ignorance and misrepresentation are at the bottom of most of the suspicions against State institutions for the insane, and sometimes even that which should redound to their credit is tortured into equivocal distrust. For instance, a statement circulated among the newspapers that a case had been found in Pennsylvania by the Board of State Charities which had been subject for a long time to the grossest abuse, was inferentially charged against the public institutions of that State, and made a text for suspicious inuendoes against insane asylums. The abuse of this unfortunate man had occurred 'in the house of his friends,' he having been for many years secluded with almost no care, in a very unsuitable room in his own house, whence he was removed by the State Board of Charities to one of the State institutions for the insane.

"One of our greatest anxieties in administration is the difficulty of securing suitable employés in many places, particularly in immediate care of patients. The welfare and comfort of inmates, and their recovery as well, depend largely upon the personal character of the attendants. In foreign asylums it is customary for persons to expect to make their life business the care of the insane, as attendants; here it is looked upon as a temporary make-shift, particularly by men. The duties of those directly engaged in the care of patients are very varied, and for their most successful performance require talent of no mean order. The attendant needs to control and direct those under his care, and at the same time to be a companion and an entertainer. He must also be an adept at household work, and fertile in resources. It often happens that he who entertains and pleases best fails in housekeeping, while the good housekeeper, who polishes the door knobs to the brightness of a mirror, rasps the patients' feelings with equal vigor. Hence the complaint is rife all over the country that attendants are continually changing, and so often unsatisfactory. But when the faithful, conscientious attendant is found, he is highly prized, and he may be assured he is laying up treasures, figuratively if not materially.

"In the interesting field of medical and moral treatment of insanity, we have tried remedies and agencies new and old,



sometimes with good results, sometimes without. Notwithstanding the fact that, in many cases, curative medical treatment is of prime importance, the moral treatment is often of greater usefulness. Removal from the worryment, the over-work, the unsanitary conditions, and the unsuitable food of many homes, relief from the distractions of business, replacing the morbid, nervous stimulations of distracted or frightened friends by the firm control of the asylum, occupying body and mind in new employments, cheering the drooping and melancholy and soothing the excited and irritable, are some of the elements of material and moral treatment of the greatest value, sometimes working rapid cures with but little medication. The providing of suitable bodily and mental exercise and occupation for our inmates is a difficult and delicate task, attended with many vexatious trials; and yet it is one of our best and most important aids to securing quiet, rest, and recovery. Suitable bodily exercise assists in the healthful performance of the organic functions, and the mind, occupied by agreeable activity, is not devouring itself. When overwhelmed by delusions or melancholy, or when violently disturbed by excitement, it is impossible to fix the attention upon avocations or amusements; but there frequently comes a time when the attention can be arrested and the mental powers turned to reconstructive rather than destructive tendencies. Sometimes, when prearranged efforts utterly fail, accidental opportunities engage the attention."

CARLOS F. MACDONALD.

#### THERAPEUTICS OF NERVOUS SYSTEM.

A noteworthy paper, and one which is probably destined to open up the way for further investigations, was read before the British Medical Association by Victor Horsley. The subject was the surgery of the brain with the reports of three cases on which the writer had operated.

The first part of the paper was devoted to a description of the technique of operations, treating in all detail the various steps to be followed, for which the reader is referred to the original paper in the *British Medical Journal*, Oct. 9th, 1886.

The three cases illustrative of the paper were as follows :

CASE I. was a young man, 22 years of age, who suffered from epilepsy as a result of an accident at age of 7, causing a depressed comminuted fracture of the skull, with loss of brain substance, at a point corresponding to the upper third of the ascending frontal convolution. The fits, which occurred in batches at time of operation, reaching three thousand in a fortnight, were almost always of the same character, usually commencing in right lower limb, and successively attacking right upper limb, right face, and neck. They were followed by right hemiplegia. The left side is not mentioned as being affected.

Operation performed May 25th, 1886. The bone around the old opening in the skull was removed, and a scar in the brain was